



Center for Traditional Medicine, P.C.

Quarterly Newsletter

560 First Street, Suite 204 · Lake Oswego · Oregon · 97034 · (503) 636-2734 · www.myctm.org

Winter 2006

Osteoarthritis, Injuries and Prolotherapy: Joint Pain That Can Be Cured

Dr. Noel Peterson, ND

What is Prolotherapy?

Prolotherapy is defined in Webster's New Collegiate Dictionary as "The rehabilitation of an incompetent structure such as a ligament or tendon, by the induced proliferation of new cells." It was developed over fifty years ago as a natural non-surgical method of assisting the body in healing injured tendons and ligaments. Prolotherapy helps your body make new cells, which strengthen lax or torn tendons and ligaments (Ligaments are the tough tissues which connect bones to bones, and tendons are the tough tissue which connect muscles to bones).

What kinds of injuries respond to Prolotherapy?

Soft tissue injuries (sprains, strains and bruises of muscles, tendons, fascia, and ligaments) are the most common injuries encountered in sports, auto, household, and work accidents. These injuries produce chronic pain in the hands, elbows, shoulders, hips, knees, and feet, as well as neck, ribs, back, and sacrum. The majority of these injuries heal through the body's own internal mechanism of producing inflammation which triggers

the proliferation of fibrous tissue that mends the damaged areas. However, many go on to chronic pain and dysfunction, and many common anti-inflammatory drugs used in these cases actually inhibit the repair of these damaged cells.

What about arthritis?

Osteoarthritis is the gradual degeneration of joint surfaces, caused by overuse and under repair. Over time, this wear-and-tear of cartilage progresses to the point that the cartilage is worn thin and pain results. Degenerative joint disease can progress to the point where the patient needs a total hip or knee replacement. Prolotherapy has been proven to reverse the degeneration of joints when the condition is treated early enough.

Other forms of arthritis are autoimmune mediated, such as Rheumatoid Arthritis, Lupus, and Ankylosing Spondylitis. These forms of joint disease can in some cases be helped with Prolotherapy.

How can you strengthen tendons and ligaments?

Unlike muscle tissue, exercise cannot build, strengthen, or

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A Weight Loss Plan That Actually Works

Dr. Lori Horan, ND, LAc

Early January is the time of year people become even more dissatisfied with their post-holiday, over-fed bodies and intend to punish them with restrictive, deprivation diets and harsh exercise plans. Sadly, the result is a vicious cycle. Did you know that over 90% of people who lose weight by dieting gain back the weight they lose plus a few more pounds added on? This staggering statistic should be evidence enough to see that dieting doesn't work long term.

When the mind says "diet," the body hears "famine." To help survive this perceived threat to its survival, the body slows down metabolically and becomes more efficient at storing fat. Each time that you ignore your hunger, you move further away from recognizing and meeting your body's real needs. When the mind and body are at war, they no longer work together for the good of the whole being.

Most of us are obsessed with our weight and think that thin is good, fat is bad. Psychologists who study dieting promise that if we start a diet with a notion of self-rejection, the diet is already doomed to fail. The only diet that really works long term has to do with self-care, quality foods and regular exercise. The following six-week program helps you treat your body with respect, making

it an ally instead of a foe, and weight loss happens naturally.

Sound Nutrition: To nourish ourselves optimally, we should eat natural foods consisting of 5-9 servings of vegetables and fruits in a day, approximately 60 grams of high-quality protein per day and small amounts of good quality oils.

Get moving: Our bodies are designed to move. If your first response to this is, "I hate exercise," it simply means that you haven't yet found the activity that brings you pleasure. Look for different ways of moving your body and activities that you enjoy. Hiking, skating, swimming and dancing are a lot more fun for most people than a stationary bike or a treadmill. Any activity that gets your heart rate up and uses large muscle groups will do.

Week One

Diet: Start off your first week by listening to your body's hunger signals. Let your hunger reach at least a "5" on a scale of 1-10 before you eat anything. Plan your meals around sound nutrition and then let your body be your guide as to what, when, and how much to eat. Stock your kitchen with an assortment of nutritious whole foods such as whole grains, fruits and vegetables. Wander through healthy, natural-food cookbooks for ideas.

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Weight Loss

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Exercise: If you haven't been exercising, start off slowly with 15 to 20 minutes of exercise 3 days a week. If you're already exercising, consider changing your regular routine.

Week Two

Diet: This week concentrate on hearing your body's signals of "enough." Consider smaller portions or even try using a smaller plate. Consciously slow down your eating and check in with your hunger level and decide if you need more. High-fiber foods help your body feel satisfied, improve your blood sugar stability and your energy level.

Exercise: This week think of exercise as something you do to please your body rather than as just a mechanical means for getting into shape. Increase your exercise total—25 minutes 3 times per week.

Week Three

Diet: Consider using supplements to boost your metabolic rate, such as chromium or L-carnitine. A visit to your doctor would help determine if you have any medical reason for being overweight, such as adrenal fatigue, which needs to be treated, and appropriate weight loss supplements could be determined at this time.

Exercise: Exercise for 30 minutes on more than 3 days. Perk up your routine with rewards like a new pair of walking shoes, a backpack for hikes, a massage, etc.

Week Four

Diet: This week add at least two new foods to your menu. Experiment with a new type of grain or an exotic fruit or vegetable.

Eat smaller amounts more frequently. Small frequent meals provide a steady supply of calories that keep the metabolic fires stoked and encourage the body to burn calories rather than to store them.

Exercise: Increase exercise time to 35 minutes a day for at least 3 days. Stay focused on the pleasure principle. When you feel your body's enjoyment of an activity, you'll look forward to doing it.

Week Five

Diet: Fact: Protein and carbohydrates contain 4 calories per gram. Fat contains 9 calories per gram. It takes 25 calories to digest and store 100 calories of carbohydrates or protein, and only 3 calories to digest and store 100 calories of fat. If you want to lose weight, lower your fat intake. A protein, plant- and grain-based diet is naturally low in fat.

Exercise: Increase your exercise time to 40 minutes 3 times a week and experiment with adding variety to your exercise routine.

Week Six

Diet: Avoid large, late dinners and evenings spent snacking. Eat a reasonable lunch, have a mid afternoon snack, and think of dinner more as an evening snack—a bowl of soup or salad. No eating after 8 pm.

Because nighttime snacking is often a response to needs other than hunger, ask yourself, What am I feeling? What do I really need? Try meeting the underlying needs directly. If you're tired, rest. If you're feeling tense, take a warm bath or a walk. Feeling lonely? Call a friend. Attend to your real needs, and practice self-nurturing.

Exercise: Increase your exercise to 45 minutes 3 times a week. Focus your attention on the areas of your body that you want to change and add specific exercise to address it.

Problems with weight and food can be tied to imbalances in the earth element in our bodies. The earth element controls digestion, assimilation and nurturance at all levels. Physically, these problems are linked to a loss of vitality in the stomach, pancreas and the endocrine glands. Acupuncture works to correct these imbalances. In some cases, herbs and supplements can also be used to improve function in specific organ systems. When the earth element is in balance, a person feels grounded, at home in her own body, and tied to our mother earth. Consider acupuncture as another aid in weight loss.

Does the 6-week plan sound too easy? Try it and see for yourself. If you have any questions or would like to be evaluated for any medical reason for being overweight, call for an appointment with Dr. Horan.



Center for Traditional Medicine, P.C. Newsletter

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This newsletter is printed on
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There can be medical reasons for being overweight.

The success of your
weight loss program will
be greatly assisted in
advance by evaluation for:

- Food sensitivities
- Systemic candida
- Neurotransmitter balance
- Hormone balance

**Find out how
by calling for an
appointment with
Dr. Horan.**

Prolotherapy

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repair ligaments or tendons. Prolotherapy has been shown to increase the size of tendons and ligaments up to 40%. It has also been shown to increase their tensile strength by as much as 200%. Prolotherapy thickens knee cartilage and relieves the pain of degenerative joint disease and no scar tissue is formed (as would be the case in surgical procedures). The tissue formed from Prolotherapy is healthy, strong, flexible ligament or tendon tissue. Once the ligament or tendon has been repaired by Prolotherapy, the nerves are no longer stretched or irritated, the pain goes away, and normal function follows.

How is Prolotherapy performed?

Prolotherapy technique consists of using a fine needle to inject a proliferative solution into incompetent tendons, ligaments, and joints for the purpose of stimulating new growth and repair, thereby promoting joint stability and reduction of pain. The most common substances used are dextrose (a kind of sugar) and glucosamine diluted with procaine (a local anesthetic). When injected into the torn tendon or ligament, the dextrose and procaine solution induces a physiologic reaction that stimulates the healing processes to resume, and induces the migration of fibroblasts (the body's repair cells) to the site of injection. Fibroblasts lay down new connective tissue and in so doing, enlarge and strengthen the damaged tendons, ligaments and cartilage. Glucosamine injections stimulate the growth and repair of cartilage. Injections of glucosamine are considered to be over a thousand times more effective than oral glucosamine.

Do Prolotherapy injections hurt?

Prolotherapy injections are performed with a lot of care and a little local anesthetic. The pain of treatment is minor and only temporary when compared to the chronic pain of tendon and ligament injuries. Some patients experience pain and swelling at the injection sites for 1-3 days following the procedure. To counteract this, we recommend patients apply moist heat as needed, and perform moderate exercise such as walking. Often specific exercises are prescribed to follow-up the injections. The natural proteolytic enzyme bromelain can also be taken for swelling if needed. Reports of more serious complications have been extremely rare.

Case history

When Mark injured his knee playing tennis, he expected it to heal on its own. His orthopedist ruled out the all too common torn meniscus or ACL tear, and recommended ibuprofen, which helped the pain but his knee continued to be weak and unstable. After six months he still had pain which prevented him from being able to do much more than walking. His injury was getting more painful and limiting and after six months, his knee felt vulnerable and painful with any deep bend or rotational exertion.

When I examined Mark, I found an unstable tibial-fibular ligament (the connective tissue that holds the head of the fibula to the lateral condyle of the tibia), a weakened fibular collateral ligament, and a torn, weak tendon of the biceps femoris muscle attachment at the head of the fibula. We scheduled a series of Prolotherapy injections, and three months later his pain was gone and he was back on the tennis court.

Who is good candidate for regenerative prolotherapy?

A good prolotherapy case is one in which the patient has suffered either accidental trauma or chronic degeneration to the connective tissue of a joint or the ligaments and/or tendons that stabilize the joint. Patients with any of the following conditions can respond to prolotherapy:

- Lateral and medial epicondylitis (tennis or golfer's elbow).
- Shoulder pain, including supraspinatus tendinosis, rotator cuff impingement syndromes, adhesive capsulitis, and calcific tendinosis.
- Knee pain, including arthritis, lax or partially torn cruciate ligaments, lateral and medial collateral ligament sprains and instability, enthesopathies (origin and insertion injuries to tendons and ligaments), injuries to the tibia-fibular ligaments, ACL and PCL instability, Grade 1/2 meniscus tears, and knee cap pain.
- Osteoarthritis of the knees, including chondromalacia patellae and degenerative osteoarthritis of the cartilage and meniscus.
- Sacroiliac pain syndromes, including hypermobility syndromes, sciatica, and osteoarthritis.
- Cervical, thoracic and lumbar vertebrae arthritis, causing chronic pain, instability and dyskinesia.
- TMJ syndrome, including referred pain patterns, grinding, and clenching of the teeth.
- Foot pain, including plantar fasciitis and tarsal tunnel syndrome.
- Hand, wrist, finger and toe pain and arthritis.
- Rib pain, costochondritis, costovertebral ligament laxity and hypermobile rib.

Our focus on regenerative therapies encompasses the range of treatments which cause or encourage the growth and repair of weakened and damaged connective tissues, and restoration of optimum cell function. Our goal is to encourage optimum biological function regardless of chronological age. Prolotherapy injections, trigger point injections, hormonal support, detoxification, chelation, and nutritional support all contribute to and encourage the growth and repair of connective tissue and cell vitality.

Like all medical practices, regenerative therapy is as much an art as it is a science, and to this end Dr. Peterson and Dr. Horan take every possible opportunity to sharpen their skills and mind in the practice of prolotherapy, trigger point therapy, and other regenerative procedures.

For more information on the benefits of prolotherapy, contact the Center for Traditional Medicine.

For more information on prolotherapy, and for links to prolotherapy articles, visit the following web sites:

www.myctm.org
www.getprolo.com

To schedule a consultation with Dr. Peterson to see if prolotherapy is right for you, please call CTM at:

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Prefer to receive this newsletter electronically and read more articles on diet, hormones, and other health issues?

Simply visit www.myctm.org and click on: "Receive Our Free E-newsletter".

A Weight Loss Plan That Actually Works - Class
 March 2, 9, 16, 23, 2006 6:30-8:30 pm

How do you take care of this wonderful body of yours? Exercising and eating well occur naturally when we treat our bodies with love.

Do you yo-yo between pristine diets and bingeing out of control? Stop this roller coaster with a balanced blood sugar and an awareness of our need for nourishment that does not come from food.

A main element missing from most diets is an understanding of why we eat too much or eat the wrong kinds of foods in the first place. The only diet that works long term is not based on deprivation at all. It's about making food choices from a place of self-care. This class is aimed at helping you treat your body with respect, not punishment. In the process you will make more conscious choices and weight loss happens naturally.

Join Dr. Lori Horan for her upcoming "Weight Loss Plan That Actually Works" class. The class is designed to stop the all or nothing approach to this obsession with food and weight. In this class you will learn to:

- Explore the appropriate diet to balance your blood sugar & brain chemistry.
- Recognize the foods that promote cravings.
- Find out why you use food when you aren't hungry.

Location: CTM; Cost: \$100
Call to register: (503) 636-2734

C. Everate Koop, M.D.
On Prolotherapy

"I was at one time almost incapacitated because of pain and eventually incapacitated because of paralysis of my right arm. I had been diagnosed at the University of Pennsylvania as having intractable pain, a situation I could not accept.

"Prolotherapy has been responsible, completely and totally, for restoring me to active and surgical health and it has been my experience over and over again that I have been able to do the same for other people so diagnosed.

"Although I am a pediatric surgeon and have little need to use prolotherapy in my own patients in the pediatric group, I have for many years now been practicing prolotherapy on the parents of my patients and on my friends who were getting what I thought was poor medical and surgical therapy in reference to pain, paraesthesias, etc.

"Prolotherapy is not a panacea, but it is a rare patient that I select for such treatment that has not been extraordinarily grateful for the relief of pain and the return to productive life."

C. Everate Koop, M.D.
 Former Surgeon General of the US Public Health Service
 Professor of Pediatric Surgery, University of Pennsylvania

(Excerpted from a letter to G. A. Hemwall, MD, 6/5/78)